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CONFIRMATION NO. 2487

SERIAL NUMBER 10/647,991	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. 7432-0046
APPLICANTS John Moenning, Noblesville, IN; Dennis Irlbeck, Noblesville, IN;				
** CONTINUING DATA ***** This appln claims benefit of 60/405,960 08/26/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY IN	SHEETS DRAWING 18	TOTAL CLAIMS 33
INDEPENDENT CLAIMS 5				
ADDRESS 31425				
TITLE ANESTHESIA ADMINISTRATION MASK AND EYE SHIELD				
FILING FEE RECEIVED 941	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	